

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See Instructions for "Service of Process by the U.S. Marshal"
on the reverse of this form.

PLAINTIFF	JANETTE SAYLOR		COURT CASE NUMBER	07-636
DEFENDANT	State of Delaware DHSS- Division of Child Support Enforcement		TYPE OF PROCESS	Complaint
SERVE	→ NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN State of Delaware DHSS- Division of Child Support Enforcement		ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) MAIN Building 1901 N. Dupont Hwy, New Castle, DE 19720	
AT				
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:			Number of process to be served with this Form - 285	10
<input checked="" type="checkbox"/> JANETTE SAYLOR 29 E. 23rd Street Wilmington, DE 19802			Number of parties to be served in this case	13
			Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

Fold

Pruper CASE

State Hospital Grounds RT13

Phone #: 302

Business Hours 8-4:30pm

Signature of Attorney or other Originator requesting service on behalf of:

PRO B
Janette Saylor
 PLAINTIFF
 DEFENDANT

TELEPHONE NUMBER

302-596-0493

DATE

12-17-2007

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin No. 15	District to Serve No. 15	Signature of Authorized USMS Deputy or Clerk BF	Date H15-08
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I hereby certify and return that I have personally served, have legal evidence of service, have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below. I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

Sabrina Bruson, Admin Sec

Address (complete only if different than shown above)

 A person of suitable age and discretion then residing in the defendant's usual place of abode.

Date of Service 1/29/08	Time 12:30 pm
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Signature of U.S. Marshal or Deputy
BF

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
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REMARKS: